2000 CONSOLIDATED PLAN NARRATIVE

HOMELESS

Homeless Needs

Nature and Extent of Homelessness

Homelessness remains one of America's most complicated and important issue. Chronic poverty, coupled with physical and other disabilities, have combined with rapid changes in society, the workplace, and local housing markets to make many people vulnerable to its effects. In 1992, nearly 37 million Americans were officially classified as poor. Rates of poverty among African–American are consistently three times higher than among whites; for Hispanic Americans, they are two and a half times higher. Female-headed households with children are particularly vulnerable to poverty. Families account for nearly 38% of American homeless. The demand for shelter has increased 50% since 1995. Each night across America more than 1 million children have no place to call home.

Nearly 3,000 men, women and children are homeless each night in Baltimore City. More than 17,000 stay in homeless shelters each year. 20,000 times during the year, Baltimore shelters must turn someone away. As the number of homeless keep rising- by more that 100% over the last ten years, according to daily counts- the costs to our city in lost productivity, rising street presence of homeless men, women and children and a faltering image, also grow. Beyond the social problems, homelessness is a personal tragedy for those experiencing it, creating a sense of helplessness, hopelessness and despair.

Homelessness in Baltimore results from the complex interactions of the underlying causes of poverty, the lack of affordable housing, declining neighborhoods, inadequate health care, and individual risk factors such as mental health problems, AIDS, and substance abuse. All of these factors have a harsh impact on our city. 24% of the city's population live below the poverty line compared to 13% nationally.

A Task Force on Homelessness endorsed by former Mayor Kurt L. Schmoke, found that almost 20% of Baltimore's homeless were employed, yet low wages place market rate housing out of reach. Well over 50% of all jobs in Baltimore are low wage and low-skill jobs, paying at or near minimum wage. Today a parent working full-time at minimum wage, approximately $10,300 annually, and caring for two children will earn 23% below the federal poverty line, not enough to afford a decent two-bedroom apartment. It is estimated that at least 25,000 households in Baltimore live in substandard housing or pay over 50% of their income to rent, putting them at risk of homelessness. Over 50% of Baltimore's homeless are estimated to have substance addictions and 30% have a mental illness; many are dually diagnosed with both addiction and mental illness. Services for both populations are difficult to access and are insufficiently funded. Most

homeless persons, particularly single adults, are ineligible for public or private health insurance and therefore receive no primary or preventive care. For some the high cost of health care means choosing between obtaining medical attention or paying the rent. Public substance treatment slots are in short supply, and waiting lists exist for all forms of treatment.

As in most major urban areas, homelessness increased substantially in Baltimore during the 1980's. Reductions in federal housing and service funding, more stringent criteria for Social Security disability benefits and reduction in single room occupancy housing, where many of the working poor and mentally ill resided (from 23 buildings in 1974 to just 1 in 1990) were among the major immediate causes. Benefits for the unemployed and underemployed were also reduced. In the late 1980's, Maryland eliminated all cash benefits for those unemployed persons without children who are ineligible for Unemployment Insurance. In 1991, the State restructured its General Public Assistance (GPA) program. Under the new program, the Disability Assistance Loan Program (DALP), it was difficult for even the most vulnerable to obtain minimal benefits. Additionally, the benefit levels for DALP, which were initially increased by 13.3% in 1992, were decreased four months later by 25% to $154 per month. In 1999, DALP was replaced by TEMHA (Temporary Emergency medical and Housing Assistance), limited eligible recipient to those who are to be disabled at least 3 months. Payment for the disability may not exceed 12 months in any 36 month period. The amount was again reduced to only $132.00 per month. These people have very few possibilities for obtaining low-cost housing, and so are at considerable risk of becoming homeless.

A thumbnail sketch of Baltimore's homeless population looks like this:

- Single adults make up 77%, while family units constitute 23%.
- 77% are male; 23% are female.
- 90% are African-American; 9% are White; 0.83% are Hispanic, 0.70% are other and 0.11% are unknown.
- 19% are 0-18 years old; 34% are 18-30 years old; 46% are 30-60 years old and 1% is over 61 years old.

Needs for Sheltered and Unsheltered Homeless

On any given night there are 2,400 to 3,000 people who are homeless in Baltimore City, with up to 17,000 people experiencing homelessness per year. Each day 1,875 people can be accommodated in the emergency and transitional shelters. Over 1,444 units of permanent housing have been developed for homeless individuals and families. During FY 1999 the Baltimore City Department of Social Services, alone, reported 7,510 calls for assistance. Based on reports submitted by various homeless services providers, a total of 24,324 clients received some form of assistance and 20,000 were turned away. There exists a significant gap in services to prepare individuals for independence and self-sufficiency, and for adequate employment and the affordable housing to help realize these goals.

Sheltered homeless individuals are those who typically obtain some form of shelter at night. The largest subgroups of these are regular users of emergency shelters. Smaller subgroups are those who inhabit transitional housing, and those "hidden homeless" who obtain temporary shelter with friends. The majority of sheltered homeless individuals are male.

The primary need for this group is for permanent housing and, perhaps, accompanying social services. Clearly, for these individuals there is a need to develop the entire array of housing options, including rent subsidies, shared apartment programs, sponsored group homes and cluster apartments. Job training, placement and counseling are also important needs, as is basic education.
It has been estimated that seventy-seven percent of all the city's homeless people could live independently. Therefore, it is important for the City to think in terms of permanent solutions, rather than solely in terms of providing nightly shelter. It is estimated that there is a need for additional 617 units of emergency shelter units, 585 transitional units, 350 permanent housing units and 381 Single Room Occupancy units for homeless individuals.

Unsheltered homeless individuals do not regularly use shelters, either because severe mental illness makes them fearful of staying in a shelter or because inappropriate behavior in such a setting causes them to be expelled. Active substance abusers also form part of the unsheltered group. Most of these people are not part of a family unit, as they are too alienated to cope well with other people.

Despite considerable effort on the part of Baltimore Mental Health Systems, Inc. (BMHS), the mentally ill homeless are still not adequately served by the mental health services in the community. Similarly, too few of the many homeless suffering from substance abuse receive treatment. Thus, the disorders that may have precipitated homelessness thereafter prolong it, because afflicted individuals are frequently difficult to treat or resist treatment entirely.

Chronic Mental Illness (CMI) is a causal factor that transcends the solely economic in placing people at risk of becoming homeless. While the number of CMI individuals

being released into the community has slowed, it is still too large for the number of facilities that can house and provide support services to them. Consequently, these people, whose numbers will vary year to year, also represent an at risk population that can descend into homelessness. (Baltimore Mental Health Systems, Inc.; 1991).

The greatest deficiencies in homeless services are in the system's historic inability to accommodate persons with special needs. The need here is for additional "Safe Havens' throughout the City. Safe Havens serve hard to reach homeless people with severe mental illnesses. Currently there exists only 1 Safe Haven in Baltimore City, which is geared to meet the needs of homeless individuals with severe mental illness. The need here is for increased number of Safe Havens in Baltimore City specially geared towards substance using street dwellers and the severely mentally ill; increased coordination with mental health services; a larger number of supportive housing units that are specifically for the mentally ill; and expanded supportive services for the drug and alcohol addicted.

Homeless families make up about more than one-quarter of the homeless population in Baltimore. Women head 95% of homeless families. Although families fare better than single adults in accessing housing and support services it is not by much. 1999 showed an increase in the number of homeless families accessing services. Currently it is estimated that for homeless families there is a need for an additional 292 Emergency shelter units, 333 Transitional housing units, 247 permanent "Shelter Plus care units and 150 Units for People With AIDS in Baltimore City.

Homeless Sub-populations. As Baltimore's population has declined over the past 40 years, the City has experienced a greater concentration of poverty. Many of those in poverty have special needs which traditional resources have failed to serve. Identifying these diverse populations and keeping them from remaining hidden has been a great challenge. Special needs groups include veterans, victims of domestic violence, victims of domestic situation (non-violent), youth, elderly, those with chronic mental illness, chronic substance abuse histories, HIV/AIDS, physical disabilities, Hispanics, Native Americans. We are just beginning to feel the impact of children aging out of the foster care system. The need here is to expand transitional housing and support services for drug and alcohol addicted, increase available housing for persons with AIDS, increased availability of Safe Havens or other low demand facilities, expand the training offered for those who encounter and work with mentally ill homeless persons. Currently it is estimated that for HIV/AIDS persons there is a need for an additional 350 units for single individuals and 150 units for families.

Needs of Persons Threatened with Homelessness

Baltimore City is a typical urban environment experiencing the impacts of a decaying infrastructure and suburban flight. Over the past seven years Maryland's largest city lost almost 80,000 residents, resulting in a population drop to 657,256. Planning estimates, based on current trends, indicate that the City's population will fall until 2020, when it will stabilize at about 622,802 residents. The composition of our households has also changed significantly. Married couples headed the vast majority of City households in the 1950's. Today's City households are smaller, and married couples make up only about one-third of all families. In the 1950's about one-third of all employees in Baltimore City worked in manufacturing. By 1995, white-collar jobs had replaced much of our blue-collar employment base. Baltimore City has a 9% unemployment rate. The median family income of City households has fallen to only about half as much as in the suburbs. As more affluent people moved out, poor residents became increasingly concentrated in Baltimore City. In 1990, about one out of every five Baltimore City residents lived below the poverty line, in 1999, 24% of City residents lived below the poverty line. Many people not currently homeless are at risk of becoming so. While the number that will emerge from at-risk groups is difficult to gauge, it is possible to identify causal factors and the size of subgroups most associated with those causal factors.

The need here is not only creating jobs, but also ensuring that persons have the skills and transportation to enable them to fill jobs that are available. Author David Rusk suggests that Baltimore's growing social and economic isolation will sap the vitality of the whole metropolitan area unless the City is relieved of its role as the "region's poorhouse".

Although homelessness is a complex phenomenon, several basic and often interrelated factors are paramount in explaining it. Most important is a lack of income to afford housing. Those in greatest poverty are most likely to be in danger of homelessness. This group has expanded in the current years as more jobs are lost and are replaced by generally low paying service sector jobs, as educational and skill rates decline for large sectors of the population, and as the incidence of mental illness and familial disintegration has increased while support resources have declined.

As of 1990, some 23% of the population (170,000) were estimated to live below the poverty line. Approximately 70,000 of these persons are not at pronounced risk of homelessness because they live in subsidized rental housing. However, the remaining 100,000 are in danger of becoming homeless should their incomes decrease, their housing expenses rise, or if some catastrophic event occurs that drains income or the ability to produce income.

For single-person households, the likelihood of becoming homeless through such an event is compounded by lack of access to subsidized housing and by the cost of private market rental units. A rule of thumb for determining housing affordability for a given individual is that housing costs should consume no more than 30% of his or her gross

income. For single persons living at poverty level ($7,551 annual income), the maximum affordable rent, therefore, is $189 per month. For those whose incomes fall below this level, maximum affordable rents are even lower--$142 for the Supplemental Security Income (SSI) recipient; $47 for the single man or woman receiving funds from TEMHA. The minimum wage earner, while marginally above the poverty line, is in little better position in affording $221 per month.

The situation of a family receiving Temporary Aid to Needy families (TANF) payment is even more desperate. A family of three, which receives $373 a month, can afford only $112 per month. Low-income persons cannot afford housing in standard condition unless it is subsidized. Therefore, many become homeless.

The cost of housing on the open market is a problem for all low-income households that are not in subsidized housing. The serious loss of relatively inexpensive rental units in the course of the 1980's has left increasing numbers of households with the choice of either occupying substandard units or of paying an extremely high percent of income to rent. Choosing the latter alternative, however, increases the likelihood of eventual eviction and possible homelessness.

Inventory of Facilities & Services for the Homeless

Over the last 20 years, public, private, non-profit and faith communities have created many high quality services to assist men, women and children caught in homelessness. Baltimore's homeless services today include short-term emergency shelters, transitional housing and permanent housing resources specifically for the homeless. Overnight shelters, offering only overnight accommodation and dinner account for 912 beds year around and increase to 971 beds during the winter months. Of the year round beds, 438 are in missions. Emergency shelters open 24 hours, but with limited services account for 401 beds of which 202 beds are families. In addition, Baltimore Mental Health Services operates a 20 bed Safe Haven for services aimed at homeless people with serious mental illness. There are also 19 beds exclusively for youth under the age of 18. 22 convalescent care beds accommodate the respite needs of homeless individuals discharged from medical facilities but who need time for recovery. The 32 transitional housing facilities throughout the city offer short-term housing and support services for people making the transition from emergency shelters to permanency.

Baltimore City has created a diverse number of housing options for low-income individuals. Traditional resources for homeless individuals include the use of supportive housing programs for families, Section 8 Moderate rehab. SRO's and resources not restricted to the homeless but targeted to low income individuals. Housing with supportive services is intended for populations expected to need relatively intensive services for an extended period of time. The Shelter Plus Care and HOPWA program have been the primary sources of funding for rental assistance to persons in dealing with their disabilities.

Below is a list of emergency and transitional housing available in Baltimore. Those facilities with asterisks have special characteristics which are noted below the table.

Emergency Shelters	Bed counts	Clientele
American Rescue Workers	30	men
Baltimore Rescue Mission	130	men
Brown's Shelter	55	men/women/fam.
Eutaw Center* (transitional)	40	men
Fellowship of Lights*	19	youth
Helping up Mission	210	men
House of Ruth*	45	women/families
Karis Home	48	women/families
Mattie B. Uzzle (transitional)	20	men
Md. Center for Veterans*	50	men/women
Prisoner's Aid	16	men/women
Salvation Army	77	men/women/fam.
I Can	42	men
South Balto. /Christ Lutheran	40	
YWCA	63	women/fam.
TOTAL YEAR ROUND BEDS	873	

TRANSITIONAL HOUSING

At Jacob's Well	22	men/women
Bright Hope House	22	men/women
Christopher Place*	44	men
Courage to Change	32	
Dayspring/Phoenix House	10	families
Earl's Place/United Ministries	17	men/fam.
Frederick Ozanam House	20	men/women
House of Ruth	39	women
HAC/Rutland	220	men/women/fam.
I Can	58	men
Light Street Housing	45	men/women
Marion House	42	men/women
MCVETS	120	men/women
My Sister's Place Lodge	29	women
Patrick Allison House	8	men
Prisoner's Aid	32	men/women
Project fresh Start	27	families
Project PLASE	50	men/women
Redeemer House	10	men/women
RISK foundation	19	men/women
Safe Haven*	20	men/women
South Balto. Station	40	men
The Shelter Foundation	24	families
Women's Housing Coalition	12	women
TOTAL TRANSITIONAL BEDS	**893**	

Winter Shelters

Heart's Place	25	men/women/fam.
St. Paul's Shelter	8	men

Convalescent Care

I Can	12
YWCA	10

Eutaw Center	is a men's shelter that is run by homeless and formerly homeless persons. It provides a safe environment, crisis management, counseling and referral. Shower and toilet facilities are also provided
Christopher Place	is a transitional facility geared exclusively towards employment
Fellowship of Lights	serves runaway youth
House of Ruth	primarily serves victims of domestic violence
MCVETS	is a comprehensive center for homeless veterans
Safe Haven	is a form of supportive housing which serves hard-to-reach homeless persons with mental illnesses, who are on the streets, unable or unwilling to access or participate in support services.

Priority Homeless Needs

Baltimore's process for developing a Continuum of Care is rooted in a series of dynamics and interrelated councils and networks that provide constant flow of information to decision makers. Structures are in place to monitor and assess the City's performance and gaps in virtually all areas of the Continuum. Policies supporting the strategy are reviewed regularly by multiple coalitions to ensure that, as much as possible, the needs of our City's homeless are being met. The pivot point for decisions and recommendations regarding homeless services in Baltimore is the Mayor's Homeless Relief Advisory Board (HRAB). The HRAB is comprised of representatives from the homeless service community, advocates, former consumers, business and civic organizations, local foundations and government agencies who meet regularly with the Mayor to provide feedback and recommendation regarding homeless issues. In developing policy recommendations for the Mayor, the HRAB considers input from a plethora of interrelated councils and networks focused on a broad range of homeless related issues. These include:

The Directors Forum, Homeless Services Super Coalition, Coalition Of Outreach Teams, Coalition Of Homeless Families And Children, Central Intake And Supportive Services Advisory Group, HOPWA Advisory Committee, Housing + Care, Homeless Families Central Intake Forum, HUD-OHS Feedback Session And The Governor's Advisory Board.

Over the last five years the Homeless Advisory Relief Board hosted numerous focus groups to determine the priority needs of the homeless. Participants included consumers, service providers and advocates. Groups were broken out by population, homeless facility type, and services offered in order to best identify gaps, system successes and problems. Based on input from said focus groups, the following were identified as the top five needs of the homeless population.

1. Affordable Housing- identified as the greatest need, this reflects individuals desires but not necessarily the capacity and skills needed to live independently. Impacted by issues of substance abuse, health and mental health issues, lack of employable skills, poor employment histories, bad credit and housing histories, most homeless persons are often prevented from obtaining and maintaining independent housing. At a national survey clients sited (38 percent) finding affordable housing and assistance with paying rent, mortgage, or utilities in relation to securing permanent housing as one of the main priority and one of the single most important things keeping them in " homeless" status. Increased access to affordable permanent housing shall be the city's top priority. To address this priority the City shall aggressively develop permanent/transitional housing. Plans are underway for the development of 12 transitional/permanent housing facilities thereby adding 198 units of additional transitional housing units and 39 permanent housing units.

2. Addiction Services – identified as the primary cause of homelessness, addiction treatment is one of the most important need of the homeless population. The Baltimore Substance Abuse System oversees publicly funded treatment. The need however is to target services to the homeless population, linking housing, job training and life skills to drug treatment.

3. Employment – Despite the booming economy, there are more low-skill workers than low-skills jobs in the region. Furthermore, over 50% of all jobs in the region are low skill and low wage. Better paying jobs require skills and are often not accessible by public transportation. Homeless people face additional barriers related to criminal records, lack of transportation and a lack of job skills. For many, child support arrearage payment requirements are a strong disincentive to working. Although employment was identified as a need, getting a job was not the only issue. The ability to keep a job through understanding workplace skills of timeliness, attendance and anger management were seen as roadblocks to stable employment. In addition, the lack of opportunity for advancement, for benefits or livable wages was seen as a cause for job turnover. The need here is to match job training to the job market and to create resources for non-traditionally scheduled childcare, housing near the employment market and transportation.

4. Basic Health/Mental Health Services- Over 50% of homeless people have substance addictions, over 30% have a mental illness, over 30% have a chronic physical ailment and almost 10% having self-reported AIDS or a related diagnosis. Over 80% do not have any medical insurance. The result is lack of access to health services, longer hospital stays and ultimately higher medical costs. It is estimated that homeless patients cost $ 2,414 more per hospitalization than those that are not homes. The lack of available substance abuse treatment and the shortage of suitable housing arrangements for those with mental disabilities are continuing problems. With Maryland's recent implementation of managed care for Medicaid recipients, homeless individuals have lost primary care resources, have experienced early discharges from medical facilities are uneducated in the new rules and regulations associated with the MCO. Mental health services continue to be an under-served need.

5. Housing with Services – individuals and families with disabilities recognize the complexity of needs in moving to independence. Success for those families who have received services support the need to expand supportive housing resources. Preparation through transitional housing will better enable families to live independently.

Homeless Strategy

Baltimore's Continuum of Care is a strategic plan, under development and continually being refined, on the premise that homelessness is a multi-faceted solution. The Continuum of Care for the homeless focuses on the strengths of the City's past, its current gaps in housing and services, and the needs for the future. It is broad based, reaching out to individuals and families who are at risk of homelessness, experiencing homelessness for the first time, chronically homeless, or transitioning to and living as independent member of our community. It offers a broad range of options and hope for those homeless City residents and for those community residents, business and institutions committed to improving the quality of life for those living in, working in and visiting the City. Our Continuum capitalizes on the strength of community-based and culturally based organizations, enhancing existing resources rather than duplicating services. The Continuum takes into account the City's population decline, the changes in household compositions, the employment and economic shifts, and the increase in the City's poverty rate.

The challenges in Baltimore City lie not only in the need to expand services but also in the integration of these services into a system. The activities in Baltimore over the last year has amplified the on-going challenges of integrating the housing and services needs of the homeless while attempting to transform the ills of an aging City. Although the Mayor adopted the 1995 Continuum, Baltimore's Approach to Homelessness: A Plan to Develop a Continuum of Services, few of the 100 tasks outlined were implemented. In January of 1999, in recognition of the limitations of The Plan, the Homeless Relief Advisory Board supported the creation of a Task Force on Homelessness to restructure the approach of The Plan. The first step was to identify "common ground" between the service provider community and the business community. These include: (1) Helping people off the street; (2) Creating a balance of the impact of homelessness on neighborhoods and commercial districts, (3) Increasing the number of qualified employees; (4) Integrating services for our poorest citizens in accessing locations. Adopting these issues of "common ground" encourages buy-in and cooperation in implementing the necessary strategies, and does not allow any stakeholder to abdicate responsibility in participating in the solutions to homelessness. Not unlike other cities, the vision for the Continuum of Care in Baltimore City extends beyond just dealing with the homeless population, to one that address the root cause of homelessness. The strategy for implementing this vision requires the creation of a comprehensive Continuum of Care ranging from outreach through transitional services to permanent housing.

Outreach/Assessment- the goal of outreach is to engage homeless individuals to move towards services and housing. Outreach will improve access by hard to reach populations. In addition there must be an accurate assessment of each homeless person's need for services. The City in collaboration with Municipal Information Systems, Inc. of St. Louis, will implement the Regional On-Line Service Information Exchange (ROSIE) system to facilitate the collection of data by providers. The system shall track a client's history with other homeless providers and provide statistical data

on the population being served, thus reducing the duplication of services and data input. The ROSIE system shall be fully operational by spring of 2000.

Emergency Shelters and Services-will continue to operate and provide emergency housing and support services to the homeless population. Funds have been targeted in FY 2004 for shelter upgrades to make them handicap accessible. Additional "Safe Haven's" are being planned to provide housing and support services to chronically mental ill homeless individuals.

Transitional Housing-transitional housing facilities and programs target those individuals and families committed to changing their lives. In 1998, a Transitional Housing Task force developed standards and guidelines for staffing and services for all publicly funded programs. Standardized assessment tools are being created to assist in developing individualized Action Plans for each individual and family member. Recidivism has been high for those wanting to leave a shelter environment who are not fully prepared for or lack resources to live in supportive housing. The City shall take the following steps to improve transitional housing/services in the city.

- Expand transitional housing and supportive services for the drug and alcohol addicted-
- Expand transitional housing for families through the set aside of Project-Based Section 8 Certificates, 250 units of transitional housing for families shall be developed.
- Develop 12 additional transitional facilities and increase the number of transitional units by 210 units

Permanent Supportive Housing- housing with supportive services is intended for populations expected to need relatively intensive services for an extended period of time. Individuals with chronic mental health issues are de-institutionalized, posing no harm to themselves or others, but unprepared and often unable to live without ongoing supervision. The Shelter plus Care program has been the primary source of funding for rental assistance to persons needing support in dealing with their disabilities, which included Chronic Mental Illness, Chronic substance abuse and HIV/AIDS. For those who will continue to need assistance, the intent is to replace the 5-year subsidy with a longer, more permanent assistance program such as the Section 8 for persons with Disabilities or the HUD 811 program. Housing shall be provided in either sponsor-based apartment units or project-based facilities.

Permanent Housing- while homelessness represents the failure of multiple social and safety systems, it is most directly a result of the severe loss of affordable housing. Rising housing costs and rents, conversion and demolition of single room occupancy units, neighborhood disinvestment leading to housing abandonment and declining public and private resources have resulted in a severe shortage of affordable housing in Baltimore. The city has created a diverse number of housing options for low-income individuals. To address the ever-growing need for permanent housing for low-income individuals 2 additional permanent housing facilities are being planned which will create 41 additional units of permanent housing.

While not a homeless program, HOPWA (Housing Opportunities for Persons With AIDS) provides over 450 units of tenant-based rental assistance to allow individuals with HIV/AIDS to remain mainstreamed in the community.

ACTIVITIES TO PREVENT HOMELESSNESS- eviction prevention by its very name imply activities targeted to prevent homelessness. Two specific strategies are used; the first being counseling and the second being cash grants. Counseling is used to identify the root causes leading up to the potential eviction. Counseling may include budget management, tenant landlord relations, house maintenance issues. Cash grants are awarded in conjunction with counseling to stay an eviction. Cash grants are only awarded once per year per household.

SPECIAL POPULATIONS

Needs of Special Populations

Populations with special needs are so called because one can assume that many of them will, at some point, need both housing and support services. These population groups include veterans, victims of domestic violence, victims of domestic situations (non-violent), elderly people, people with disabilities, runaway youth and children aging out the foster care area.

However, it should be noted that:

a. not every member of each group has special needs,
b. many people belong to more than one group, and
c. there are different levels of need.

Consequently, it is difficult to determine the number of people in need of supportive housing. Not only is the total number of people hard to ascertain, partly because of overlaps, but so is the level of need. This is particularly true for drug and alcohol addicts whose needs for rehabilitation are great but whose condition may not translate into housing need.

The table below gives estimates of supportive housing needs for traditional special needs groups.

Estimate Of The Number Of Households In Need Of Supportive Housing

Non-Homeless Special Needs Populations	Households in Need of Supportive Housing
Elderly	2,390
Frail Elderly	1,577

Severe Mental Illness	600
Developmentally Disabled	1,325
Physically Disabled	2,500
Persons with Alcohol/Other Drug Addiction	787
Persons with AIDS and Related Diseases	551 hhs./3,060 persons

The following discussion summarizes the needs of these groups.

Elderly - The most common supportive housing needs of the elderly population are: economic and design assistance in modifying their homes to accommodate their physical needs; assistance with financing and monitoring home maintenance/repair; expansion of rental subsidy opportunities; new construction or rehab of facilities specifically geared toward the elderly. Additionally, some elderly people who continue to live at home will need a range of support services, e.g., a "buddy system," Meals on Wheels, as well as a mechanism to inform them of available housing and service options.

A subgroup of the elderly population is made up of individuals who, because of frailty or some disabling condition, need to be housed in an environment where supportive services are offered on-site or in close proximity. Because most elderly people want to maintain a level of independence and connectedness to families and friends, supportive living environments offered by community groups and senior assisted housing facilities are needed to allow such individuals an opportunity to stay in their community.

Disabled - People with disabilities have great need for both housing and supportive services. Baltimore City has approximately 110,000 people with disabilities, of which the largest subgroup consists of people who use wheelchairs. Other subgroups are persons with chronic mental illness. Based on the prevalence rate set by the State Mental Hygiene Administration, the City estimated that about 22,000 residents have a serious mental illness; about 4,500 of these persons are adults between 18 and 64 years old.

For those people who are disabled and work, unemployment and low wages are even bigger concerns than for the overall population. The President's Committee for the Employment of Persons with Disabilities estimates that two-thirds of the people with disabilities and up to 90% of the mentally ill are unemployed. Many who are employed work at the minimum wage or even less if their jobs are in a sheltered industry.

Due to unemployment and low wage jobs, of the 41,400 households that have a member who is disabled, the overwhelming majority are very-low-income.

As a result of employment and economic difficulties, affordable housing is a primary need for persons with disabilities. Most of the 41,400 households with such persons have housing problems because they cannot find standard housing without paying an excessive amount of their limited incomes.

In addition to affordability, physical barriers add to the their housing problems. Unramped stairs, small rooms, and narrow doorways present problems for persons in wheelchairs. Special sinks, showers, and toilets as well as reachable cabinets may be needed. Deaf people need devices to show if the doorbell is ringing or the fire alarm has gone off. Most of the housing units in the city lack adequate accessibility, and this forces many persons with disabilities to remain in institutions and prevents others from leading physically independent lives.

People with disabilities also need varying degrees of supportive services in order to establish independent living. The severely physically disabled need attendants to help them with dressing and bathing. The 20,000 chronically mentally ill living in the community also require supportive services. People with developmental disabilities need various types and intensities of support and assistance with day to day activities to live as independently as possible. Additional Safe Havens to house chronically mentally ill persons and upgrading shelters to make them handicap accessible are some of the needs that need to be addressed.

HIV/AIDS – The Baltimore Eligible Metropolitan Area (EMA) continues to be severely impacted by the HIV/AIDS epidemic. As of March 31, 1999, the Baltimore City Health Department (BCHD) had reported a cumulative total of over 10,500 cases of AIDS in the EMA. Furthermore, the Health and Human Resources and Services Administration (HRSA) estimates that approximately 13,000 people are currently living with AIDS in this region. Based on current epidemiology of reported AIDS cases, approximately 7,600 individuals are thought to be living with HIV infection in the EMA. While data does not exist on the numbers infected with AIDS in Baltimore City, we do know that 4,276 Baltimore residents are living with AIDS (Maryland state Aids Administration data, December 1999). Within the last two years, 81% of all new reported AIDS cases occurred in Baltimore City, and of these new cases, 88% occurred in the African-American community. The Hispanic, Asian, Pacific-Islander and Native American communities in the EMA, as well as others who have acquired AIDS through transfusion, are recognized as a small but important population to address, since culture, language and fear of discrimination add additional barriers to providing care.

An important feature of the Baltimore EMA is that the epidemic is not evenly dispersed throughout the entire geographic region. Baltimore City comprises only 3% of the total geographic region despite its 81% total contribution to cumulative AIDS cases. In addition to differences in distribution of the population, the composition of the two populations, Baltimore City and the six surrounding Counties, is markedly different. In Baltimore City, 54% of reported AIDS cases were related to injecting drug use. African-American males represented 64% of this population, while African-American women represented 34%. In the surrounding Counties, a different epidemiological pattern has emerged. Although it is recognized that each County sub-population exhibits its own distinct composition, the overall pattern shows that male to male transmission without injecting drug use constitutes 46% of the population, with white males contributing 68% of the cases and African-American men contributing 30% of the case. Injecting drug use constituted 26.5%, of which 53% were African American men and 20% African-American women. By separate analysis of Baltimore City and the six Counties, a clearer picture of the trends in the epidemic has emerged. In Baltimore City, the male to male route of transmission in reported AIDS cases has declined while transmission to women is increasing. Injecting drug use transmission is the primary mode of spread. AIDS in adolescents and young adults continue to emerge in our population and may be increasing. 16.8% of patients presenting with AIDS are between the ages of 20 and 29. Individuals in this age group may represent a significant but undocumented population in need. Barriers include fear of disclosure to parents and teachers, lack of education, underestimation of risk and an ambivalent attitude regarding infection.

Because of the high prevalence of injecting drug use in Baltimore EMA and its associated scourge, a large percentage of our affected population lacks the

economic resources to provide for their medical care and living needs. Given the high cost of medication alone, approaching $ 10,000 to $ 15,000 per individual per year, and the need to provide primary medical care,, food and adequate housing for this population, individuals at all stages of the disease will require governmental support.

The Baltimore EMA has been fortunate to have several programs in the community to assist in assessing the current status of HIV transmission. In 1994, Baltimore City instituted the needle exchange program in an attempt to reduce the growing spread of the disease through injecting drug use. In 1994 the Maryland Community Resource Center was operational. The Center combines services from several agencies in a comprehensive "one-stop" for people with AIDS, with a special focus on those who are homeless.

It is estimated that 80% of the PWAs in Baltimore City, Anne Arundel and Baltimore County live in poverty, having similar needs of housing, food and medical care as homeless or near homeless, non-HIV+ persons. The housing needs of this group will vary depending on their degree of debilitation of the disease, the existing household structure and the degree of support supervision needed. A reality for most of these individuals, at some point during the progression of the disease, is the loss of employment and the threat of losing housing. Compromised health and the infectious nature of the disease (including the current increase of TB cases) demand prompt response. Clean, decent and affordable housing can curb the spread of the disease and reduce the overall cost of public services.

The ideal housing scenario allows an individual to remain in his/her own housing through the adaptation of the physical environment, bringing in services and/or medical care and provision of rental assistance if needed.

The supportive service needs of PWAs include medical support, drug treatment, job training and employment, income and benefit services, adult day care and in-home aid. Efforts should continue to integrate such services with housing.

Special Needs Facilities & Services For Non-Homeless Persons

Currently there are few housing facilities designated for persons with AIDS. The following is a list of current facilities that provide services to people with AIDS:

AIDS Action Baltimore-provides case management and financial assistance

AIDS Interfaith Residential Services, Inc. (AIRS)- provides housing and support services to HIV/AIDS persons

Anne Arundel County, Department of Health- provides case management for people with AIDS.

Baltimore County Health Department- provides testing and counseling, case management, information referrals.

Baltimore Urban League HIV AIDS Outreach Network-provides threshold case management services by an outreach team that connects them directly to service providers.

Baltimore City Head Start family Support Center- provides educational and social services to children in families affected by HIV, the project also provides community education and training which focuses on preventing the spread of HIV and removing the stigma associated with HIV infection and AIDS

Baltimore City Department of Social Services – Project HOME provides adult foster care to individuals with end stage AIDS

Baltimore City Department HIV Prevention Program – provides testing and counseling, case management, information and referrals

Black Education AIDS Project – provides HIV education and prevention program

Carroll County Health Department – provides testing and counseling case management, information and referrals

Chase Brexton Clinic – provides primary health care, case management, mental health services, women's health care services, HIV testing and std screening

Collington Square Non-Profit Corporation, Inc. – provides outreach services and housing for men and women who are HIV/AIDS

Ecumenical AIDS Resource Service – teaches life skills to persons living with HIV/AIDS.

Safe Haven -
Harford County Health Clinic – provides testing and counseling, case management, information and referrals.

Health Care for the Homeless – provides comprehensive convalescent care programs for individuals with HIV/AIDS

HERO- operates the AIDS Community resource center where structured day activities are provided to HIV/AIDS persons and their families.

Howard County Health Department – provides rental assistance to HIV/AIDS individuals.

Joseph Richey Hospice – provides nursing care for terminally ill patients, reserving 3 beds for HIV/AIDS

Maryland Community Kitchens - -provides nutritionally balanced meals, delivered daily to the homes of housebound individuals or families affected with Aids.
It also operates a training program for HIV/AIDS individuals

Project P.L.A.S.E., Inc. – provides transitional and permanent housing and support services to people with AIDS

Prisoner's Aid Association of Maryland, Inc.- provides housing and support services to ex-offenders who are HIV/AIDS

Women's Housing Coalition- provides permanent housing and support services to at risk homeless women

Priority Needs of Special Population:

Both homelessness and HIV/AIDS are national epidemics. However, Baltimore City has been disproportionately affected due to the prevalence of sexually transmitted disease and intravenous drug use. We know from a 1999 nationwide survey of people living with HIV/AIDS (PWAs) that 40% had been literally homeless and 8% were currently homeless (AIDS Housing of Washington, 1998.) Sadly enough the PWA's surveyed answered that 275 had slept in a car, 275 had slept in a shelter and 14% had traded sex for a place to sleep. Addressing a lack of safe, decent, affordable and supportive housing for homeless people living with HIV/AIDS is a top priority. In FY 2001, 2002 $ 500,000 has been set aside in HOPWA funds to create housing for PWA's.

Drug abuse and related problems have had a devastating effect on health and economic conditions in Baltimore City. Over 75% of all AIDS cases in the City are related to injection drug use, and AIDS is the leading cause of death for young adults aged 25-44. There are not enough treatment resources available to meet the need in Baltimore City. With an estimated 63,000 drug and alcohol abusers in the City, the publicly funded system can only serve approximately 16,000 per year. Homeless persons with HIV disease are in competition with all other individuals seeking substance abuse treatment through the publicly funded system. Because the available slots do not meet the demand of persons requesting treatment, there are waiting periods of between 1-4 months for admission. Since addicts are more likely to be successful in treatment if they enter treatment when they are ready and willing to enter, these long waiting periods represent missed treatment opportunities. In FY 1999 the City set aside 1 million for substance abuse treatment and an AIDS Community Resource Center was opened whereby PWAs could access a variety of services.

Homeless people have less access to health care than housed individuals. A study of homeless individuals in Baltimore found that only 47% of men and 30% of women could name a usual source of care. People with AIDS had three times more difficulty accessing care than those with homes because of unmet needs. There are other indications that homeless people with HIV disease have poor access to care. Health care for the homeless clinics nation wide reported a 35% decrease in client insurance coverage in 1997. The AIDS Cost and Services Utilization study found that only 15.6% of homeless individuals with AIDS had any kind of medical insurance.

Creating job opportunities for people living with AIDS, primarily those who are unemployed and/or in transition from homelessness in order for them to increase professional skills and income and achieve greater self-sufficiency and determination and providing a free, safe transportation shuttle service among sites regularly used by homeless people in Baltimore City to access vital services in order to achieve greater self-determination are two other priority needs of the special population.

People with disabilities have the right to choose to live in the community. The Supreme Court rules in favor of the Olmstead v. LC and EW case saying that the ADA is constitutional. Individuals with disabilities have the right to choose the most integrated setting in the community. Because of this ruling, it is imperative that people are able to choose and make the decision to live in their own community with full participation. A person with disability once discharged from a nursing home has few , if any, options as to where they will live. Their previous residence may not be accessible, the family or spouse may not be able to provide the care they will need, they may not have family to go to and the shelters in the City may not be handicap accessible and there are very few accessible group or assisted living facilities that are affordable. An almost insurmountable barrier facing a disabled person once homeless is obtaining the start-up costs for an apartment (i.e. security deposit, food, first month rent, BGE and phone deposits, etc.)

CONSOLIDATED PLAN 2000
TABLE 1C
SUMMARY OF SPECIFIC HOMELESS/SPECIAL POPULATIONS OBJECTIVES

Main Concern Need Category
Homeless

Specific Objective
Number S-1

Over 1 million dollars set-aside for FY 2002, 2003 for the construction of a day Resource Center. Said center will be operated by a consortium of providers and will provide a place for the homeless population to access a variety of services during the day

Specific Objective
Number S-2

In FY 2001, 2002, $ 500,000 set aside in HOPWA funds to create housing opportunities for people with AIDS

Specific Objective
Number S-3

In FY 2004, $ 500, 000 set aside for shelter upgrades to make them handicap accessible

Specific Objective
Number S-4

Expansion, new construction or rehabilitation of 12 transitional/permanent housing facilities thereby adding 198 additional transitional housing units and 39 permanent housing units

Specific Objective
Number S –5

Continue funding operational costs of 23 emergency shelters

Specific Objective
Number S-6

Continue funding operational and supportive services of 32 transitional housing facilities

Specific Objective
Number S-7

33 projects for a total of $ 5,660,728 will be funded in FY 2001 for transitional and permanent housing and for support services through the Continue of Care program

Specific Objective
Number S-8

Improve outreach and assessment by creating six community day resource centers throughout the City with multiple services on-site, available to people currently on the street and otherwise in need. Approximately 200-300 people would be served yearly at each site. Services on-site would include:

- Housing assistance
- Food
- Health care
- Legal assistance
- Benefit advice and enrollment
- Linkage to other services in the community as necessary

Specific Objective
Number S-9

In 2000, 2001 develop 169 units of transitional housing.

Specific Objective
Number S-10

Link an average of 2000 persons per month to health, mental health and other social services

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